School-to-School Enrollment Form



Instructions: This form is to be used for students who are desiring to attend an out of boundary school to participate in a curriculum not offered at their home school. The form is originated at the Receiving School's counseling department.

NOTE: If this form is for athletic purposes, your parent signature means: 1) Your child has tried out and successfully made the team. 2) Your child is academically eligible to participate, which means 2.0 GPA NND does NOT have 2 or more F grades (an "1" grade will count as an "F" grade) from the previous completed term. 3) It is the parent that is responsible to arrange transportation to the high school. 4) Upon completion of the season, students are required to maintain attendance at the high school until the current grading period ends. Students may NOT be at their junks high/middle school during their enrolled school-to-school period.

Receiving School_Skyridge					Sending (Resident) School DOB				
Student Name					Male	Female	DOB		
Student Number Grade Ph			Phone						
Address					Registration Date				
A DAY					B DAY				
Ut 1 Gar	nod Coune	Instructor	Initials	Son or Year	Period	Course	tristre	uctor Initials	
1- S 2- S Year	0			17 S 2*2 S Yest	0				
1- S 2-4 S Yest	1			1-S 2-a S Year	5				
1- S 2~ S	2		1	1- S 2-2 S Yung	6			$\neg \vdash \vdash$	
	3			1+S 2×3	7				
Year 1- S 2- S Year	4			Year TES 24 5 Your	8	(ross-lowntry	A fa	ikirstR4	
1º S 2ºº S Year	9			I-S 2=S Yest	10				
* Circle either 1st or 2nd semester or year- long class						* Circle either 1st or 2nd seme	ster or year-long class		
Parent Authorization Signature				Date_					
Receiving Administrator Signature				Date_		A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			
Receiving Registrar (Enrollment)				Date_					
Sending scho	ool will receive a faxed copy of this for	rm.							

Revised 8-30 18 (W. ASD)